



# Guest Registration Form April 15-17, 2008

Attendee Name \_\_\_\_\_  
Last Name First Name

Guest Name \_\_\_\_\_

2nd Guest Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## **GUEST FEES** (Check the appropriate days.)

**Note: Fees include tax and gratuity.**

Continental Breakfast: \$15/each

\_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \$ \_\_\_\_\_

Lunch: \$35/each

\_\_\_ Tues. \_\_\_ Wed \$ \_\_\_\_\_

Industrial Exhibit Reception, Tues. : \$35 \$ \_\_\_\_\_

Happy Hour, Wed.: \$20 \$ \_\_\_\_\_

**TOTAL AMOUNT ATTACHED:** \$ \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: SEE Symposium**

### **FOR ACCOUNTING USE ONLY:**

Date \_\_\_\_\_ Cash received \$ \_\_\_\_\_

Staff \_\_\_\_\_ Change returned \$ \_\_\_\_\_

Check received \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit card approval code \_\_\_\_\_

### **CREDIT CARD PAYMENT**

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Billing address \_\_\_\_\_

**NOTE: STAMP Services, LLC, is the registration services company for SEE 2008. On your credit card statement, this name will appear rather than SEE Symposium.**

Payment is by credit card (Visa, MasterCard, Discover, or American Express) or by check made payable to **SEE Symposium**. All payments along with this registration form (which can be sent with the attendee's registration form or separately) may be mailed, emailed, or FAXed:

STAMP Services, LLC  
9308 Freedom Way NE  
Albuquerque, NM 87109-6309.  
Email: stampservices@comcast.net.  
FAX: (505) 823-0996  
Phone: (505) 321-8499